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"*NEC TENUI PENNA.*"

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B. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

THE Kentucky State Medical Society is to convene in Lexington, on Wednesday, May 19th. So the secretary announces, and the matter is therefore official. Last week in endeavoring to clear up one error we inadvertently fell into another. It was quite natural for us to suppose, however, that the second Tuesday of May was the proper date, as that is the one contained in the last printed report, year before last. It seems—we learn this from private sources—that at the meeting in Danville, on motion of Dr. Singleton the date was changed to the 19th of May. This was done to avoid a conflict with the Lexington races, as the hotels are crowded during this time and the accommodations would be bad. There were no transactions printed last year, and we did not know of the change. It is on Wednesday, then, the 19th of May, at Lexington. Don't forget it.

It is with extreme regret that we chronicle the death of Dr. Matthew Kempf, which took place, from pneumonia, in this city on the evening of March 27th. Dr. Kempf had but recently been made Professor of Surgery in the Kentucky School of Medicine; and though commencing his professorial duties late in life, was, we have heard, a very satisfactory lecturer. Dr. Kempf was a gentleman of high scholastic attainments, of accurate knowledge in his profession, of kindly disposition, and of very attractive manner. His loss will be much felt. He was ill but a week.

VOL. IX.—No. 14

THE legislature of Kentucky ordered that the condemned men, Anderson and Webster, who were hanged yesterday in this city, should be executed in the inclosure of the jail-yard, in presence of a limited number spectators. The NEWS takes no little credit to itself in this substitution of a private execution in the place of the disgusting spectacle for which a more disgusting multitude was all agape. The matter which we published last year with regard to the horrid scenes enacted at the hanging of Washington, with the homily we made thereon, was generally copied by the public press, and heartily indorsed by every one possessed of any refinement of feeling. We rejoice now to chronicle the triumph of good sense, good manners, and good morals at Frankfort.

THE death of Dr. John Neill, Professor of Clinical Surgery in the University of Pennsylvania, is announced. Dr. Neill was chiefly known to the medical students of America as one of the authors of Neill & Smith's Compend.

WE trust that in our next issue we shall be able to announce something definite in regard to the medical-school-fee question in Louisville. We are inclined to think that all parties are a unit on the question.

THE Hospital Gazette says that there is a probability of the resignation of Professor Wallace from the Jefferson Medical College on account of ill health, and that in such an event Dr. Goodell will succeed him.

Original.**A CLINICAL LECTURE ON PAROTID SWELLING AS A COMPLICATION OF TYPHOID FEVER.**

BY J. M. DA COSTA, M. D.

Professor of the Theory and Practice of Medicine in the Jefferson Medical College, Philadelphia.

[Special Report.]

This is a patient who has been prostrated by typhoid fever. I do not know that the case was marked by any thing peculiar in its early stages, except that it was perhaps one of more than usual severity. The temperature was as high as 105° at times, and there was a great deal of muttering delirium present. No doubt the case would have been regarded as one of more than ordinary severity; there was a little more diarrhea than customary during the first two weeks.

On the 28th of December* convalescence seemed to be well established, the temperature being as low as 99° . On January 1st the temperature was $97\frac{1}{2}^{\circ}$. Impressed by these signs of rapidly-returning health, we began to allow the patient a more liberal diet. Constipation took the place of the diarrhea, so that we had to interfere occasionally by mild means so as to produce an action of the bowels.

On January 14th, and with but a slight increase in the temperature at first, the patient began to complain of stiffness and swelling at the angle of the left lower jaw. Examination showed that the spot was stiff, swollen, red, and painful. This stiffness and swelling increased in spite of the local application of iodine. Thirty-six hours after these symptoms were first noticed the fever process began to increase, the temperature-record marking a little over 100° . It never ran much higher than this. A few days later it again decreased, until it is now about that of the first convalescence— 98° .

The swelling has persisted ever since the 12th. For a few days it seemed to be getting better, but it is just as bad as ever again. There is great hardness and tension of the parotid gland and of the surrounding parts. The tension extends upward some distance into the cheek. The patient can not open his mouth or swallow without giving rise to a considerable amount of pain. The glands lower down the neck and the submaxillary gland are not swollen, the parotid gland and

the surrounding tissues being the only parts implicated.

This condition of things is so rare that Trousseau and Chomel have only put one case each upon record. Murchison, in all his enormous experience with typhoid fever, only found six such cases, and I have only met with some two or three.

As I have already hinted to you, this case is one of parotid swelling as a complication of enteric fever.

How does it happen? What is its meaning? How does its occurrence modify our prognosis? How shall I treat this complication? You will, no doubt, wish me to answer all these questions for you.

Before discussing these points, however, I may say that this complication, although but very rarely met with in typhoid fever, is not by any means an infrequent complication of typhus.

In this very hospital, some ten years ago, there was a sort of epidemic of typhus-fever cases brought into the wards, and during this epidemic I met with at least four cases of parotid swelling. Moreover, I have seen it elsewhere in other cases of typhus fever, and so I am quite familiar with the complication as occurring in typhus.

Parotid swelling does not differ materially as occurring in these two fevers, except that the tendency to suppuration is greater in typhoid fever.

At what stage of typhoid fever does it usually occur? Generally we find it at the end of the natural period of the disease, or it may happen, as here, just after convalescence has set in. I have never met with it at the height of the fever-process.

Is it dangerous or not? There is a curious disagreement of the authorities on this point. Some hold it to be a favorable sign, but the majority of clinicians teach that it is a bad sign. I take my stand with the latter. I have found it to be a very dangerous phenomenon in cases of typhus fever, death frequently resulting from pressure of the swollen parotid upon the trachea. I regard it always as an indication of profound blood-poisoning; and, as it usually appears after convalescence has set in, it would seem to be an indication that the typhoid poison is not all out of the system, but has located itself in one or both of the parotid glands, as the case may be.

What prognosis can we form in such cases? Parotid swelling very generally leads to profuse suppuration. There is therefore danger of purulent infection, unless an early exit is

* This lecture was delivered on January 17th.

given to the pus. Suppuration, then, is one of the results of this complication. Occasionally the swelling subsides slowly, or else it grows more and more marked, and this indicates such profound blood-poisoning that the patient finally succumbs.

Our treatment consisted at first, as I have already indicated to you, in the local application of iodine. This did not seem to do any good. We then stopped the iodine and applied ice in bladders steadily to the spot. This relieved the tension, heat, and swelling. Indeed for a time the swelling seemed to be disappearing, so that a few days ago it looked as if the complication had entirely yielded to the ice; but unfortunately the swelling has come back again in full force. However, I shall order the ice-treatment to be steadily kept up, hoping in this way to prevent suppuration. If suppuration takes place in spite of the ice, we shall stop the ice at once and favor suppuration by warm poultices, and by an early incision let out the pus.

In parotid swelling in typhus fever I have tried all kinds of treatment—nitrate of silver, blistering, and iodine. None of these methods, except perhaps the blistering, were attended with any success.

I shall continue the ice in this case for a day or so, and then apply a small blister. I shall also pay careful attention to the state of the system. With this latter end in view, I shall give twenty drops of tincture of the chloride of iron every three hours, and the patient shall take twelve grains of quinine and four ounces of whisky every day.

If I should find any reason to change this treatment, I will resort to a course of Sugol's solution or of the iodide of potassium internally as alteratives.

The treatment by the chloride of iron I consider to be the best. I do not think we shall have any suppuration here. I think that the ice and blister will prevent it.

THE TAMPON IN ABORTION.

BY R. W. GRISWOLD, M. D.

President Hartford County (Conn.) Medical Association.

Recently looking over some papers upon abortion, my attention being more particularly directed to the treatment of the hemorrhage so common in such cases, I am led to offer something upon the use of the tampon and on the materials used for tampons. The advisability of tamponing the vagina

in many cases, both before and after the expulsion of the ovum, in abortion, is almost generally recommended by the writers and teachers upon obstetrics, as well the men of to-day as their predecessors. Prof. Skene, of the Long Island College Hospital, however, states that he has abandoned vaginal tamponing altogether, finding it objectionable in many respects, saying that "it controls the hemorrhage partially, but seldom completely;" that "it is troublesome to use, both to physician and patient," and must be often renewed because of the danger of septicemia. Instead of the vaginal tampon, he applies a compress to the vulva and secures it with a T bandage; and if this fails to keep the bleeding within the bounds of safety, he tampons the cervix uteri. With a patient in hospital, or one in private practice so situated that the attendant could look after the case often, a compress might be trusted for a little while; but in a scattered practice, where the physician could not hope to return to his patient under several hours, very few practitioners would feel safe to leave a case with simply a compress over the vulva; and the tamponing of the cervix, without backing it with a vaginal filling, would be hardly more secure, since it is quite possible that an expulsive pain might drive out the plug, and so leave matters in precisely the same condition as before. Besides this, although it may be quite easy for an adept like Prof. Skene to deposit a good plug in the cervix uteri of any of his cases, it would not at all times be so easy for very many ordinary practitioners. It is doubtful, therefore, if we shall give up the vaginal tampon in one or another shape and of one or another material.

Of the materials used Dr. Dewees recommended a soft sponge wrung out of pretty sharp vinegar and of a size sufficient to fill the vagina without producing uneasiness and introduced through the canal up to the os uteri. Leishman indorses this as one of the most simple and effective of ways and materials. Dr. Churchill thought a silk handkerchief or tow much better than the sponge. Other writers mention the same or similar materials. Prof. Lusk, of Bellevue, says strips of cotton cloth, a soft towel, a handkerchief, cotton or sheep's wool may be used in an emergency, but he discards the time-honored sponge as being the least reliable because of its porosity, and he observes that though some of these may answer for a time, "if the physician wishes to leave his patient for a few hours a mere hasty filling of the va-

gina through the vulva will not suffice;" "the highest degree of safety can only be secured by the closest observance of the rules of art," and that is to be done by packing disks of cotton soaked in carbolized water behind and around the os, by the aid of a Sims speculum, and continuing down with them till we reach the narrow portion of the vagina above the vestibule. Professor Lusk thus discards as unreliable the tampons of his predecessors in midwifery, except as temporary expedients not to be trusted long out of observation. This opinion will not be acceded to by a great many experienced practitioners, and yet it has in it a measure of truth, unless very extra care be taken in the packing; and this, as Dr. Skene observes, is troublesome to both physician and patient. The mode and material spoken of by Prof. Lusk (for which he acknowledges himself in part indebted to Dr. Sims) is artistic and more like what might be desired than any other, if one could have every thing at hand in every case of emergency. But the great body of ordinary practitioners do not every day carry about with them a Sims speculum in the pocket nor a bag of carbolized cotton. The treatment of hemorrhage from abortion is generally an emergent treatment. Frequently the patient at the first visit is found at the verge of dangerous collapse from the loss of blood, and no unnecessary time is to be wasted in preparing carbolized cotton, washing out the vagina with a syringe, preparing for and introducing a speculum, etc., while meantime the woman is getting nearer still to the door of death. There is need for something to be done *right off*; and if that something is effective in arresting the bleeding it is poor practice to disturb the plug of emergency for the sake of putting in a better one the next hour. If it fails, then bring on your carbolized disks and your more effectual and artistic procedure.

And this brings me to the point of speaking of my own method of treatment—viz. the introduction of the *alum egg*. When I began practice, twenty-six years ago, I made use of the sponge, or the silk handkerchief, or strips of cloth, either dry or wet in some styptic solution; but they were sometimes difficult of introduction and not always satisfactory.

For the last twenty years my reliance has been on a junk of alum in the vagina. If this is not at hand I take the next best thing that is; but a junk of alum is a part of the contents of my medicine-box. It is of the

size of a large hen's egg, ovoid in shape, and generally left a little ragged, though without sharp points. Around the middle is cut a groove, about which is tied a bit of strong but not large twine, leaving the ends so that they can hang out of the vagina. No preparation is necessary nor any exposure of the person needed. The egg is introduced end-way, turned half around so as to bring the long diameter across the vagina, and pushed downward and then upward against the os. In some cases, especially if the canal is large, I back the egg with sufficient packing to secure its retention in position. If the vagina be small and close, there may be no need at all of the supplementary support.

This treatment is easy, speedy, and effectual against further hemorrhage. It has never failed me, and I leave a patient with the feeling that she is safe for the next twelve or fifteen hours, so far as danger from further bleeding is concerned. And I may add that I have never had any unfavorable effects follow its use in any one of the scores of cases in which it has been employed—no fevers, no septicemia, no deaths, no any thing untoward—and I have never had occasion to use it the second time in any one case. It can be removed when desirable either by traction on the cord or by the introduction of the fingers, the coagulated blood fished out, the vagina syringed, and the case further treated as circumstances may require.

Perhaps this is nothing new; but as it is something I have not seen mention made of in any of the standard works that have come under my observation, nor in special papers, nor have ever heard of in the lectures of the schools, I venture to submit it to your columns, and through them to professional notice.

ROCKY HILL, CONNECTICUT.

Correspondence.

PARIS LETTER.

FROM OUR SPECIAL CORRESPONDENT.

To the Editors of the *Louisville Medical News*:

Nothing can be more distressing to any one who comes from a really well-managed hospital and really good surgery than to see the shocking sights which are every day to be observed in the French hospitals. The nursing is for the most part nominal. The Sisters of Mercy are administrators and not nurses. They are untrained. They are se-

lected by religious communities from all classes of people, and their object in attending at the hospitals is as much religion as nursing. They serve the breakfast, look after the linen, sit a great deal in their own rooms, give two or three hours a day to the retreat in what is called the chapel of the community; and they are as far from reaching our idea of what the ward-sister should be as the French surgeons are from attaining the modern standard of what a surgeon should be. I have seen in one ward four cases of bedsores which were not known to the sister or the physician, for the patients had never been turned over for days. The patients who come into a French hospital may be seen lying there for weeks with the dirt and filth crusted on their limbs; for it is not the rule to give them baths on entering. You may turn down the beds and see the fleas hopping about. The dressings are made by the assistant nurses in the wards—women picked up from the dregs of the population, servants out of work, country-girls coming untrained. They are wretchedly paid (thirty-two dollars a year being a common salary for these women), and they are habitually immoral; in fact I have asked not one but dozens of these women what their earnings are, and they all tell you they expect to earn from £2 to £3 a month; but as their wages are only five dollars a month the rest is made up by gratuities which they extort from the patients; and the result is that those patients only are well looked after whose friends supply them with money to tip the nurses liberally and regularly.

Night-nursing in the French hospitals is a shadow of a name. There is one so-called night-nurse for half a dozen large wards. The other day in one of the largest hospitals, to which I paid a visit with a surgeon, we came to a bed which was empty. The explanation was that the man had got out of his bed at night, thrown himself over the banisters, fell upon the slabs below, killed himself, and was not found until the next morning. He was not missed from his bed, nor was any thing known about it until the morning brought the new shift of nurses and attendants.

Then the general habits of the ward are as bad as they can be. The supply of baths is ridiculously small—one real bath for a ward of sixty. Hot water is to be had only in small cans. It is comparatively rare to see a surgeon or a house-surgeon wash his hands; and to wipe his instruments upon his apron is a sort of surgical luxury.

It is under these circumstances that the mortality rises so high, and that the Paris hospitals have an unenviable notoriety. A friend of mine, an Englishman, mentioned to me the other day that when he was in Paris he was going round the wards with an accomplished, kind-hearted physician, and they came to a patient who was suffering from a nervous disease. The physician was about to examine him, when the nurse said, "O, this man has been very ill for the last three days." The physician asked what was the matter. The house-surgeon replied that he has had pneumonia. The man was at this moment evidently at the last gasp, so we passed on without further inquiry, and as they came round the other side of the ward the patient died just as they were at the opposite bed. The nurse and physician looked across. The nurse said, "O, he is dead;" and she went over and pulled the sheet over his face. And so here was this man dying in the ward, under the eyes of all the patients; his friends not sent for, the clergyman not summoned, no screen put round to shelter him during his last moments, or to protect the other patients from this most painful sight; and no one seemed to think that this mode of letting a patient die unattended, in full view of the other patients of the ward, had in it any thing remarkable. My friend said that he remonstrated generally, and suggested that a screen ought to be put round; whereupon he was told, "If we were to attend to such trifles as that, we should have more than enough to do." This was not hardheartedness, for I know the physician referred to, and I can vouch that he is a thoroughly kindhearted man. It is just an example of how bad customs will introduce a laxity of practice which will make more careful people stand aghast.

It is curious to see how in the French hospitals each physician and each surgeon seems ever intent on his own hobby, thinking more of developing a particular idea or preparing some paper for the Academy than on the general treatment of his patients. It is quite common to see a man give a course of lectures and demonstrate on a number of patients, one after the other, without making any inquiry as to their treatment or giving any directions—leaving the treatment, in fact, to the house-surgeon, or leaving it unaltered for weeks—his main interests being in the development of certain symptoms; so that the subject which is at that moment preoccupying the attention of the physi-

cians or surgeon may often be observed in a way which strikes the spectator as ludicrous, but which seems to present neither a humorous nor painful aspect to the observer. Thus recently any one who went round the wards of M. Dumontpellier would see that able physician walking about with his coat-collar garnished with long pins; and every patient that he came to would be questioned as to whether he or she had a pain in this or that place, and then long pins would be run into them on the opposite side, in order to verify the theory that pricking at the opposite corresponding point to the seat of pain would lessen it. Thirty or forty patients a day would be pricked in this way with long pins; sometimes the pins would be thrust in deeply and left in, and at others they would be gently worked into the skin. Here every thing was due to puncture. Upon the other hand, if he went to another hospital, he would find a well-known physician walking about with a long list, and standing at the end of the ward saying to his house-surgeon, "Where is my list for burning to-day?" He would then produce a long list, and fifteen or sixteen patients in one ward would be cauterized; and then a general order would be given, "Patients, get ready to be burnt." A cauterizer would be produced by the house-surgeon, all the patients would go through a sort of drill by pulling up their shirts and exposing the particular parts which were to be burnt, and thirteen or fourteen operations with the hot iron would be performed in one ward in about twenty minutes.

These are only examples of the curious epidemics of special treatment which will be observed in various wards of the Paris hospitals. No one will deny their power of exposition carefully cultivated by a long series of *concours*. Nor is their erudition doubtful; but their mania for attributing every thing to French enterprise, and for the perpetual working out, at the risk and neglect of the general condition of their patients, of special points in practice or in theory is a matter which calls for *their* very serious consideration.

THE DEWS AND DAMPS OF MEADOWS.

FROM THE BLUEGRASS.

To the Editors of the Louisville Medical News:

I proceed, according to your request, to give you a little gossip from the "heart" of the Bluegrass Country. I reached this place

some weeks ago, and have since been enjoying the hospitality of its good people.

There is not much I can say of the town itself, for in truth there is not much of it; but of its people I should be at no loss to proceed. Versailles has seen its hundredth summer, has a population of two thousand inhabitants, is in the center of a small but exceedingly fertile and beautiful country, was the place of residence of our present governor when he first began the practice of his profession, and can even now boast a congressman when he is at home. It enjoys easy communication with Louisville by a stage-line, making two trips a day to Midway station, and through the Cincinnati Southern Railroad at Lexington with Cincinnati.

So much for the town. Of its people I am afraid I shall have to confine myself to a few words about the doctors only. Of that class of individuals the supply is large; and if it equals in kind its proportions in number, I should unhesitatingly say that one ought never to die here except of incurable disease or old age. I shall enumerate: Eight regulars according to the Code, with one more to come; one resident eclectic, one circulating homeopath, and a regular in embryo—that exceedingly rare article, a medical student. The only way I can explain the fact that all get something to do is to suppose that all possess high attainments in their profession. I have met with most of the fraternity, and with much pleasure testify to a very favorable impression made on myself by all with whom I am acquainted. I have been more thrown with Drs. D. D. Carter, Warren Stitt, and John D. Neet, and now number them among my friends. I am indebted to them all for many courtesies.

There was lately before the circuit court, just adjourned at Nicholasville, a suit for malpractice, a notice of which might be of some interest. Through the kindness of Dr. Neet, a witness for defendant, I was able to go up, hoping to be highly entertained by the cross-examination, as I had heard that the lawyers for defense were well "coached" on the medical points in dispute. All I know of the history of the suit is from one of the medical witnesses. Last August Mrs. — applied to Dr. J. W. Holloway, of Jessamine County, for treatment for her eye. Dr. H. was not her family physician, but happened at her house visiting a negro patient. Her trouble was acute purulent ophthalmia. Dr. H. applied the mitigated stick of nitrate of silver, and gave warning as to her danger.

Two weeks later she applied to another physician in the same neighborhood, who testifies that then there were no corneal ulcers. Still another was consulted, and finally Drs. Ayres and Williams, of Cincinnati. She subsequently applied to one "Doctor" Barker, of Lexington (as I learn, a peripatetic celebrity, who performs many wonderful cures). The "doctor" is the principal witness for the prosecution. The upshot of all is that the patient is blind, whether as to one or both orbs I am unable to say, and demands of Dr. Holloway as the value of damage sustained \$15,000. The doctor, failing to see the justice of this draft upon his exchequer, declines the payment of the meager sum; and hence the suit. I was quite unable to learn the grounds upon which the prosecution hoped to carry their cause. I think it is urged that injury was done the cornea by the silver (claimed to be unmitigated); and moreover, the case being an important and dangerous one, it was negligence in the doctor to merely give directions; that is, he should have seen them carried out. The truth is, he told her of her danger and directed her to come to his office. His services were never again applied for, and the doctor never again saw the patient until as plaintiff. The case, on plea of prosecution, was postponed, and Dr. H.'s friends think it will never come to trial. The whole thing is regarded as bluff.

Though disappointed in finding the trial postponed, I enjoyed a ride of sixteen miles through a beautiful country. On our way we stopped to see in consultation a brother professional, who was represented as being in a bad way by his attending physician. The picture had not been overdrawn. He was certainly a pitiable object. Emaciated, so asthmatic as to require to be constantly propped in a chair, feet and legs swollen, heart irregular, micturition frequent; and to add to all, he and his wife were both opium-eaters. The man is the subject of Bright's disease, a specimen of his urine having been tested chemically as well as microscopically by Dr. Warren Stitt.

A case of sudden death during sleep some time ago near here the autopsy proved to be due to cerebral hemorrhage. From the surroundings and history it was suggested by the physician making the autopsy that the rupture of the blood-vessel took place during the violence of a *nocturnal emission*.

A case tried some time ago in one of the courts sitting in Lexington sentenced the prisoner to be hung. He was tried for shoot-

ing a girl in the thigh (flesh wound), who died from the effects of the injury, septicemia supervening. It was urged by the defense that the septicemia was due to the carelessness of the attending surgeon, he having recently had scarlatina and still slightly desquamating, although for some time he had been attending to his usual practice. An appeal resulted in the granting of a new trial, on the ground that the charge of the lower court to the jury had not given sufficient prominence to the alleged cause of the septicemia. The girl had previously had scarlatina, although a younger sister, a few days after the shooting, was taken down with that disease. I recently heard one of the physicians of this place say during a certain year's practice he had sixty-six cases of scarlet fever, and at the same time attended his usual practice in surgery and obstetrics without one single case of septicemia and but one of puerperal fever, and that one the only instance of the occurrence of either disease in the county that year. This would show badly for the supposition that the case above cited contracted the septicemia from the desquamating surgeon.

At Millville, six miles west of here, a quarrel resulted, two weeks ago, in the stabbing of one of the parties in two places; left side posteriorly, between ninth and tenth ribs, and in the lumbar region just below the kidney. Both wounds were large, and the surgeon was confident either was sufficient to cause death. The pulmonary wound healed by *first intention*, the lumbar wound suppurated slightly, but is now closed, and the man is as well as ever. His habits were of the roughest kind, and it was thought that his immunity from inflammation was due to the life of hardship and exposure to which he was accustomed.

I must confess to being rather surprised at finding the frequency with which *quinine* is here prescribed. It seems to be as much required here at this season of the year as in southern Kentucky.

I was asked the other day if I could give any history of a locality near Clarksville, Tenn., where the opium-habit is said to prevail. I never before heard of such a tale. Can any of your readers enlighten us?

I must not close without mentioning that a lady here over eighty-two years of age is now the subject of hooping-cough. Though she has attended many children in the disease, she has never had it herself till now.

SOJOURNER.

VERSAILLES, KY., March 22, 1880.

Reviews.

A Manual of Pathological Histology. By V. CORNIL, Assistant Professor in the Faculty of Medicine of Paris, and L. RANVIER, Professor in the College of France. Translated, with notes and additions, by E. O. SHAKESPEARE, A. M., M. D., and J. HENRY C. SIMES, M. D. Philadelphia; Henry C. Lea. 1880.

After a number of years of well-directed labor the translators of the above work have accomplished an unexpected task; they have so thoroughly remodeled the original work, and added so much new and eminently practical matter to it, that they must be accredited with as much of the labor as Professors Cornil and Ranvier. All the practical modern discoveries in histology will be found here. The study of the normal histology of each part, though very brief, is an improvement upon most works on this subject, and will often be found of invaluable assistance to the student and physician. Many more favorable things could be said of this book, but we will simply affirm that it is the most practical and thorough work on pathological histology that has yet come to our office.

Verhandlungen der Berliner Medicinischen Gesellschaft aus dem Gesellschaftsjahre 1878-1879. Herausgegeben von dem Vorstande der Gesellschaft, Band X. L. Schumacher, Berlin, 1880.

(Transactions of the Berlin Medical Association during the Official Year 1878-1879. Vol. X. L. Schumacher, Berlin, 1880.)

This volume comprises over two hundred octavo pages, and is replete with original and interesting reports and discussions. Thirteen original papers are printed in the latter half of the volume, from which some useful extracts will be made for the readers of the News. An index is appended, which might with some trouble have been made much more serviceable. It is too compact.

Health Primer No. 7: THE SKIN AND ITS TROUBLES. New York: D. Appleton & Co., 549 and 551 Broadway. 1879. For sale by John P. Morton & Co., Louisville.

A very useful publication is this primer upon the skin. The people need to be instructed in hygiene. To be instructed they must be interested, and small books are the surest means to this end. D. Appleton & Co. have done a good deed to humanity in bringing forth these books.

Books and Pamphlets.

ANIMAL VACCINATION: A Preliminary Report on an Investigation of the Results of Vaccination from the Calf in the various Countries of Europe, in India, and America; with proposals for the establishment of a Central Government Establishment for continuous supply of Fresh Calf Lymph to Public Vaccinators in Great Britain. By Ernest Hart, Esq., Chairman of the Parliamentary Bills Committee of the British Medical Association. With a Report of the Proceedings of the Conference, including addresses by Dr. Warlomont, Dr. Cameron, M. P., Dr. Ballard, and others, etc. Reprint from British Medical Journal, November and December, 1879. London, 1880.

A PLEA FOR COLD CLIMATES IN THE TREATMENT OF PULMONARY CONSUMPTION—MINNESOTA AS A HEALTH RESORT. By Talbot Jones, M. D., of St. Paul, Minn. Reprint from New York Medical Journal, September, 1879.

EXCERPTA FROM THE ANNUAL REPORT TO THE BOARD OF HEALTH FOR 1879. By Jos. Holt, M. D., Sanitary Inspector of the First District of New Orleans.

TWELFTH ANNUAL REPORT OF THE NEW YORK ORTHOPEDIC DISPENSARY AND HOSPITAL (for Children with Spine and Hip Diseases), 126 East Fifty-ninth Street, New York. 1880.

THE FALLACIES OF POPULAR CLINICAL MEDICINE. By Jarvis S. Wight, M. D., Professor of Surgery. An Introductory Lecture delivered at Long Island College Hospital, Brooklyn, N. Y., February 5, 1880.

CLINICAL NOTES ON THE USE OF THE GALVANOCAUTERY. By William A. Byrd, M. D., etc., Quincy, Ill. Reprint from the Practitioner for January, 1880. Baltimore, Md.

SIXTH ANNUAL REPORT OF THE SUPERINTENDENT OF THE CINCINNATI SANITARIUM FOR YEAR ENDING NOVEMBER 30, 1879.

DESCRIPTION OF A NEW GENUS AND SOME NEW SPECIES OF BRYOZOANS FROM THE CINCINNATI GROUP. By E. O. Ulrich.

RESEARCHES ON HEARING THROUGH THE MEDIUM OF THE TEETH AND CRANIAL BONES. By Charles Hermon Thomas, M. D. Read before the Philadelphia County Medical Society, December 17, 1879. Reprint from Philadelphia Medical Times, February 28, 1880.

NOTES UPON THE ANATOMICAL RELATIONS OF UTERINE STRUCTURES, WITH SURGICAL REMARKS AND THERAPEUTICAL SUGGESTIONS. By T. H. Buckler, M. D., Baltimore, Md. Reprint from the Boston Medical and Surgical Journal.

STRANGULATED HERNIA, WITH FECAL FISTULA. TREATED BY A NEW AND SIMPLE ENTEROTOME AND AN ANAPLASTIC OPERATION. By William A. Byrd, M. D., Quincy, Ill. Reprint from the Medical and Surgical Reporter for October 25, 1879.

The Louisville Medical News.

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Formulary.

[Translated from *Le Progrès Médical*.]

TREATMENT OF ACUTE BRONCHITIS, BY DR. BOZZI.

Sulphate of antimony.....	grs. jss;
Dover's powder.....	grs. ij;
Sugar.....	grs. vj.

A powder composed of the above is taken and repeated every three hours during the day, not more than four doses to be taken during each day. Dr. B. also states that it is very useful as well in acute attacks of chronic bronchitis.

BATH FOR INFANTILE CONVULSIONS, BY PROFESSOR
JULES SIMON.

The bowels are first cleaned with a simple or oily enema of considerable size, and the child bathed with the following:

Musk.....	} aa grs. iij;
Hydrate of chloral.....	
Camphor.....	℥j;
Yolk of egg.....	one;
Water.....	3 vi.

Miscellany.

NEWS READERS, ATTENTION.—We would call the attention of our readers and the medical public in general to the following (The Physician and Bulletin of the Medico-Legal Society):

"At a meeting of the Committee of Arrangements, American Medical Association, a motion prevailed that the editors of the medical journals be requested, through their respective journals, to inform those gentlemen of the profession who intend to present papers to the Association to forward a short abstract of the points and conclusions of their articles to the secretaries of the respective sections of the Association prior to April 25, 1880. The object is to so sift and arrange the matter which will be presented as to facilitate the transactions of business and prevent the introduction of papers that

may not be considered worthy of the time and consideration of the Association."

Those who were present at the last meeting of the American Medical Association will probably remember that the time of the Association was taken up frequently with trivial subjects, or with subjects which any student is supposed to know, or ought to know, before he graduates. For instance, at that meeting Dr. Squills, from Podunk Four Corners, came there with a long paper upon the history of gonorrhea (any good text-book on the subject would have told the story in a sufficiently full and plain way), and Dr. Inventicus Patentum opened before the Surgical Section a plethoric carpet-bag filled with tools, or "instruments," as he designated them, which he had invented, but which were of no practical use or interest either to himself or to any one else. He took up nearly the whole afternoon of the above section; and so with a great many papers which were utterly unworthy the attention of so dignified an association as the American Medical Association. The indignity was borne simply because the members were too polite to put it down.

Now this year a remedy is sought. All matters must seek admittance to the Association through the secretaries of the sections; so that if any man thinks he has a good paper or an important matter to present, they can not be presented to the Association without first passing the crucial test of the secretaries of the sections.

Had this rule been established years ago, the Association would have stood higher in the estimation of scientific men than it does now.

MAGPIE-DUST.—British Med. Journal: In the *Pharmacopœia Londinensis* of 1682 the following appears, page 231: "Pica, *zitta*, *zissa*, raban, the mag-pye. The flesh eaten (or burnt to ashes and applied to the eyes) helps redness and pain of the eyes and dimness of sight, vertigo, epilepsy, melancholy, and madness. Aldrovand saith they are of a very hot temper, as may appear by their salacity. 2. The eggs in powder help white spots in the eyes. 3. The heart, with ivy, helps the disury. 4. The whole bird beaten in a mortar and applied strengthens weak joyns and takes away cankers in the yard." From this it would seem that doctors in 1682 were as credulous as princesses in 1880.

WE have a strong opinion that needy men should not enter the profession.—*Lancet*.

PREVENTABLE DEATHS IN AMERICA.—British Med. Journal: Making all allowance for the tendency to optimism, Dr. Billings asserts that "the total annual loss of life in America from causes well known to be preventable, is certainly over one hundred thousand annually. . . . In addition to these unnecessary deaths there are probably one hundred and fifty thousand persons continually sick in the United States from causes which, we have good reason to think, are preventable; and we may accept as a basis of calculation that the productive efficiency of the average life in this country falls short of the normal amount by at least thirty per cent." This is rather startling in a new country, where soil, air, and water should be less liable to pollution than in the crowded countries of Europe, where material prosperity is much greater, and the wants of the poor more easily satisfied by labor.

NEWSPAPER LAWS.—We call the special attention of postmasters and subscribers to the following synopsis of the newspaper laws:

1. A postmaster is required to give notice *by letter* (returning a paper does not answer the law) when a subscriber does not take his paper out of the office, and state the reasons for its not being taken. Any neglect to do so makes the postmaster *responsible* to the publishers for payment.
2. Any person who takes a paper from the post-office, whether directed to his name or another, or whether he has subscribed or not, is responsible for the pay.
3. If a person orders his paper discontinued, he must pay all arrearages, or the publisher may continue to send it until payment is made, and collect the whole amount, *whether it be taken from the office or not*. There can be no legal discontinuance until the payment is made.
4. If the subscriber orders his paper to be stopped at a certain time, and the publisher continues to send, the subscriber is bound to pay for it *if he takes it out of the post-office*. The law proceeds upon the ground that a man must pay for what he uses.
5. The courts have decided that refusing to take a newspaper and periodicals from the post-office, or removing and leaving them uncalled for, is *prima facie* evidence of intentional fraud.

MALARIAL FEVER.—Dr. Dorsey's valuable paper upon this subject, in the Cincinnati Lancet and Clinic of February 22d, will well repay perusal.

YELLOW FEVER is reported to have increased considerably at Rio de Janeiro, the deaths numbering from eight to ten daily in that city. But winter is approaching in Rio de Janeiro, and by all North American laws fever should near its closing point.

Selections.

FLAGELLATION A PREVENTIVE OF UTERINE HEMORRHAGE.

[By Isaac E. Taylor, M.D., Emeritus Professor of Obstetrics and Diseases of Women, and President of Bellevue Hospital Medical College of New York.]

1. Flagellation of the child's back previous to its complete delivery as a *preventive* of uterine hemorrhage.

2. Flagellation of the abdomen of the woman after the delivery of the placenta as a *substitute* for the introduction of the hand into the cavity of the uterus.

I most cheerfully assent to the wish and action of the Obstetrical Section requesting me by resolution to present the views and opinions which I laid before them December 23, 1879, for the consideration of the Fellows of the Academy this evening.

The title of my paper is embodied in two propositions:

First. Flagellation or spanking the child's back previous to its complete delivery, as a *preventive* of uterine hemorrhage.

Second. Flagellation of abdomen of the woman after the delivery of the placenta, as a *substitute* for the introduction of the hand into the uterine cavity.

We will all admit the physiological fact that the uterus is the only organ in the female economy that has an habitual sanguineous fluid issuing from it. We also know that it is the only organ which physiologically has large, oblique, open sinuses without valves, the blood from these sinuses coming directly from the vena cava and the heart itself, and not coming from the returning veins of the uterus.

The slightest derangement, either from a physiological or a pathological process, in the separation of the maternal from the fetal circulation may entail an unfavorable and sometimes a fatal termination. Frequently not the slightest evidence is given before or after labor has commenced. Every thing in the lying-in chamber before and after delivery of the child appears to be progressing favorably; the countenance of the mother is radiant with joy, and that of the attendants and the medical man cheerful and encouraging, when the blood is suddenly heard gushing forth in a full and rapid stream, and the patient is in a state of extreme syncope.

Blundell has seen two cases die suddenly in one night from this cause. In cases of this decided character, though not frequent, it is imperative that the obstetrician should be provided with all possible resources, and they should be employed for the welfare of his patient. He should possess in himself calmness, courage, judgment, decision, promptness of action; and if not thus fortified mentally and prepared, he should never, as Lee has said, "cross the threshold of the lying-in chamber."

At the meeting of the American Gynecological Society, held in Philadelphia, September, 1878, two papers on the Treatment of Post-partum Hemorrhage were read and presented for consideration. A long discussion ensued respecting the different methods of treatment in those cases. One of the papers—that by Dr. Wilson, of Baltimore—advocated the hand as a curette to remove all or whatever portions of the placenta that may remain, and to excite uterine contraction by scraping the inner surface of the uterus. The other paper was by Prof. Penrose, of Philadelphia, who recommended very highly, after several

years' experience, the introduction of a rag or pocket-handkerchief saturated with common vinegar in the uterine cavity and squeeze it. Both of these papers had reference to, and were suggestive of, treatment by art after the delivery of the placenta.

From the nature of the remarks which were made on that occasion I am induced to present and suggest another method or means to the many already before the profession and so generally pursued. I am fully aware that it might seem almost superfluous for me to even attempt or hint another method, but the favorable results arising from it prompt me to do so. It is one, however, simple, efficient, and decided. One always on hand and at hand, having for its recommendation a physiological basis, not only as a means for arresting the blood or flooding in many cases decidedly after the delivery of the child, but, secondly, it is especially of more and greater importance as an aid to prevent the flooding from taking place before and after the delivery of the placenta. I shall consider the method of treatment which I present, as I said, in two propositions:

First. Flagellation or spanking the child's back moderately every now and then after the delivery of the shoulders, permitting the breech and the extremities of the child to remain in the vagina, and the feet thus placed in apposition with or in the cervix uteri, remaining for fifteen or twenty minutes or more without being withdrawn. Pressure over the uterus by the hand is to be avoided till the delivery of the child, which should be slow and gradual, as it might effect the delivery of the child before we have gained our object, and at the same time the spanking should be quick but gentle, and not too harsh, and continued until the delivery of the child is completed.

Second. After the delivery of the placenta, should hemorrhage occur, expose the abdomen and flagellate it with a towel doubled up, the ends held in the hand, saturated or not with ice-water. Several rapid and powerful strokes should be made, when the unrecognized uterus will be almost immediately felt contracting or contracted, no matter how profuse or rapid the flow may be. In one instance, having ocular demonstration after the delivery of the placenta, the stream of blood was as large, full, and rapid as that which flows from a croton faucet.

Should uterine contraction ensue and relaxation take place, a milder application of the same means may be resorted to till the contraction is deemed secure and other measures adopted, if necessary.

There can be no procrastination or temporizing action in these sudden and violent cases. The appearance of the method to those present, or to the patient herself, if conscious, with the suddenness and rapidity of its application may seem harsh, abrupt and unnecessary. We have, however, nothing to do with appearances or feelings in such critical emergencies. We are imperatively reminded that life or death is swaying in the balance. Duty commands decided and prompt action. By this procedure I have in some instances had the gratification of feeling the apparently lifeless organ fold itself up under the touch, the uterus contracting or contracted, and our patient's life safe certainly for the time being. Under such circumstances, hot or cold water injections, as well as the hand internally, has in many instances failed to arouse into contraction the perfectly atonic or moribund organ.

After contraction has once been secured, then that treatment which the views or experience of the medical attendant may elect can be pursued, whether by

hot water or cold, externally or internally, or mixed with other substances, or by tincture iodine or sulphate of iron, accompanied with the ordinary and usual manipulations externally over the uterus.—*The Independent Practitioner.*

On Drug Exanthemata, more Particularly the Quinine Exanthem.—Passing now to the examination of the irritant effects of a particular drug upon the skin, I may remark that many physicians who have constantly and daily employed quinine in their practice for years without observing such results are incredulous as to this property of the medicine. I have noticed a number of communications, notably one by Prof. L. P. Vandell in the LOUISVILLE MEDICAL NEWS, reflecting this skepticism; but the concurrent testimony of many careful and competent observers is conclusive upon this point. If more direct proof were needed, it may be found in the carefully conducted observations of MM. Bougeron and Proust (*Annales d'Hygiène Publique*, May, 1876) upon the eruptions to which workers in quinine manufactories are subject. "The eruption is eczematous in character" . . . "the vesicles sometimes running together, resembling the bullæ of pemphigus;" at other times "drying up, forming scales, thick crusts," etc. These effects are not due solely to external irritation, but in a great measure to absorption of the quinine emanations.—*P. Albert Morrow, M.D., Physician to the Skin and Venereal Department, N. Y. Dispensary.*

[Since writing the article referred to by Dr. Morrow I have encountered several quinia urticarias and erythemas. One of the cases, which occurred lately, closely resembled Milton's "giant urticaria."—L. P. Y.]

Metamorphic Milk.—Mr. R. E. Power writes to the British Med. Journal:

Some years ago a paper appeared in the British Medical Journal (I regret to say I forget the name of the author) suggesting buttermilk as a diet in cases of dyspepsia and irritability of the stomach. Having a case of extreme marasmus under treatment at the time, which, from the excessive irritability of the digestive organs, seemed hopeless (tabes mesenterica in an infant under a year old) I tried the buttermilk, to the exclusion of all other diet and medicine. The cure was continuous and complete, and the infant is now a healthy boy. Since then I have tried the same treatment in similar cases with always beneficial results. The great difficulty which I experienced in carrying out the treatment in many instances was to obtain the buttermilk. Since, however, the introduction of koumiss by Dr. Jagielski, I have advised its substitution when the ordinary buttermilk was unobtainable. But, again, another obstruction presented itself in the high price of koumiss. It is quite out of the reach of any but the very well-to-do classes.

Finally, it occurred to me that milk contains in itself the elements of fermentation (casein and sugar of milk), and that exclusion of atmosphere and retention of carbonic acid at a suitable temperature would fulfill all the needful conditions. Experiments proved this view to be correct, and I have succeeded in making excellent koumiss, or, as I propose to call it, metamorphic milk, by the subjoined process:

Metamorphic Milk No. 1: Milk fresh from the cow should be put up in clean soda-water or other suitable bottles, filled nearly to the top, tightly corked, the cork tied down with a cord or wire. It is kept at a temperature of about 70° F., and shaken every day.

Fit to drink in ten days (A); fit to drink in eighteen days (B). By keeping yet longer, the amount of fixed air can be so increased that a syphon tap must be used to decant it.

Metamorphic Milk No. 2: This is prepared in the same way from milk from which the cream has been removed after standing twelve hours.

As it is not always easy to secure a regular temperature some discretion should be used as to length of time left for fermentation. In fact, a little experience will teach any patient who prepares it for himself to secure the exact amount of effervescence he desires, which depends altogether on temperature and time. One part of the process must be particularly insisted on—tight corking.

I have adopted the term "metamorphic" both on account of the condition of the milk itself, and because it seems to induce a similar action in other food in the stomach, thus aiding the process of digestion.

Venesection.—Dr. Broadbent read the paper of the evening, says the Medical Press and Circular, at a late meeting of Harveian Society of London, on Venesection. He pointed out that the fluctuations of medical practice were unfortunate, though some of them were warranted. Bleeding, from being practiced indiscriminately, has fallen into disuse, though it is often of striking power and is accompanied by very little risk. It does not in inflammatory affections strike at the inflammation directly, but lowers the blood pressure in the arteries. When an aneurism is threatening life bleeding will relieve the tension within its walls, and thus is useful as a palliative. In over-distension of the right heart bleeding is very useful. In those cases of pneumonia where the patient becomes pale, gasps for breath, and is unable to lie down, where the heart beats violently while the pulse is small, then bleeding is indicated, and as the blood flows the pulse improves. He had not bled in bronchitis. In chronic bronchitis with emphysema it did little good. In aortic valvular disease it was not called for. In mitral regurgitation digitalis was to be preferred; but in mitral stenosis the question of bleeding often arose, especially with liver pulsation. Dr. Broadbent then examined at some length the causes of high arterial tension when bleeding is indicated. When the pulse is full between the beats and feels like a tendon, then bleeding is indicated, as in uremic convulsions, in convulsions at times without uremia, in scarlatinal albuminuria, in pregnancy, etc. It was also useful in amenorrhea in plethoric individuals. The two main indications for venesection are (1) distension of the right ventricle, and (2) high arterial tension.

The Relationship of Absorption by the Skin to Albuminuria.—Dr. O. Lassar (*Virchow's Archiv*) has lately shown that if rabbits or dogs have a large portion of skin painted with a croton-oil liniment, the hair having been previously removed by calcium sulphide, in addition to the eczema caused by the oil they suffer from severe albuminuria and die in a few days, without the occurrence of inflammatory changes in the kidneys. On the other hand, if inflammation is excited, not in the skin, but in the subcutaneous cellular tissue, by injecting a five-per-cent emulsion of turpentine the urine remains free from albumen. It appears, in fact, that in the first case the albuminuria does not depend upon the inflammation of the skin, but upon the absorption of the croton oil. According to Lassar's experiments, large quantities of

both non-irritating oils and fats (olive oil, cod oil), and also of irritating or poisonous substances (croton oil, petroleum, chromate of potash), can enter the circulation through the skin, and be carried to the kidneys as well as to the other organs of the body. The former, however, are able to pass through the renal epithelium without injuring it; whereas the latter, as soon as they are excreted in a sufficiently concentrated form, materially damage its delicate structure. In the case of petroleum, Lassar has observed that the changes in the kidneys caused by its excretion pass through three stages. In the first there is no visible alteration of the epithelial cells, but they permit a resinous matter, which is formed from the petroleum within the body, to pass out in the urine; in the second they become permeable to diffusible peptones, and in the third to serum-albumen. Lassar explains a great part of the phenomena which have been observed after varnishing the skin of animals with different irritating substances, including linseed oil, by the changes they induce in the renal epithelium. In scarlet fever also it is probable that the latter suffers in excreting the infective material upon which the disease depends.—*Med. Times and Gas.*

The Cinchonia Cure of Drunkenness.—Dr. Earle deserves great credit for exposing this shameful imposture as he does in the Chicago Med. Jour. and Examiner:

1. A chemical examination of the D'Unger preparation of so-called concentrated cinchonia rubra shows it to be a diluted mixture of fluid extract of cinchona with water.

2. The amount of absolute alcohol is from two to twenty-four per cent.

3. The amount of bitter principle is as small, in some specimens, as one grain to the dram.

4. Engaged in a hospital practice where I have prescribed for nearly four hundred cases of alcoholism during the year, in addition to a private practice in which I see, perhaps, as many of these cases as the average physician, I have yet to see the first reform from its use.

5. *In not a single case* has the use of this preparation disgusted the patient with the taste of alcohol.

6. The taste for stimulants in many cases remains long after a reformation is complete. Indeed, it is never lost in some, and a constant fight goes on between a desire for some form of stimulants and a duty made plain by the education of the moral sense to abstain from them. Numbers of these men, encouraged by the repeated assertion that this taste could be certainly and safely destroyed, have taken this medicine. In every case it has been the direct and only cause of these patients returning to their former sad and terrible habits. It has caused the downfall of every one who has come under my observation belonging to this class who has touched it.

Remedy for Corns.—Mr. Gezow, an apothecary of Russia, recommends the following in the *Pharmaceutische Zeitung* (says the British Med. Journal) as a "sure" remedy for corns, stating that it proves effective within a short time and without causing any pain: Salicylic acid, 30 parts; extract of cannabis indica, 5 parts; collodion, 240 parts. To be applied by means of a camel-hair pencil.

With regard to the drainage-tube, I have very nigh made up my mind never to use one again.—*Goodell on Ovariectomy, in Clinical News.*